

PTO/SB/21 (08-03)

Approved for use through 07/31/2006. OMB 0651-0031

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

# TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

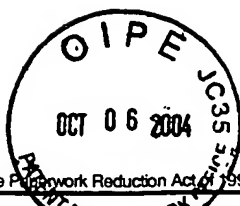
<b>Application Number</b>	10/812,395	
	<b>Filing Date</b>	March 30, 2004
	<b>First Named Inventor</b>	Jens EGERER
	<b>Art Unit</b>	2811
	<b>Examiner Name</b>	Not Yet Assigned
<b>Attorney Docket Number</b>	543822004800	
<b>Total Number of Pages in This Submission</b>	1	

## ENCLOSURES (Check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	Copy of Declaration and Power of Attorney and Postcard filed on August 9, 2004
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD, Number of CD(s) _____	Copy of Incomplete Reply, Copy of Preliminary Amendment and Postcard filed on March 30, 2004
<input type="checkbox"/> Certified Copy of Priority Document(s)		
<input checked="" type="checkbox"/> Response to Missing Parts/ Incomplete Application	<b>Remarks</b>	
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

<b>Firm or Individual name</b>	MORRISON & FOERSTER LLP Jonathan Bockman - 45,640
<b>Signature</b>	
<b>Date</b>	October 6, 2004



Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

PTO/SB/17 (10-03)  
Approved for use through 7/31/2006. OMB 0651-0032  
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

<b>FEE TRANSMITTAL</b> <b>for FY 2004</b> <small>Effective 10/01/2003, Patent fees are subject to annual revision.</small>		<b>Complete if Known</b>																																	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number	10/812,395																																
<b>TOTAL AMOUNT OF PAYMENT</b> (\$)		Filing Date	March 30, 2004																																
1118.00		First Named Inventor	Jens EGERER																																
		Examiner Name	Not Yet Assigned																																
		Art Unit	2811																																
		Attorney Docket No.	543822004800																																
<b>METHOD OF PAYMENT</b> (check all that apply)		<b>FEE CALCULATION</b> (continued)																																	
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None		<b>3. ADDITIONAL FEES</b>																																	
<input checked="" type="checkbox"/> Deposit Account: Deposit Account Number: 03-1952 Deposit Account Name: Morrison & Foerster LLP																																			
The Director is authorized to: (check all that apply) <input checked="" type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments <input checked="" type="checkbox"/> Charge any additional fee(s) or any underpayment of fee(s) <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.																																			
<b>FEE CALCULATION</b>																																			
<b>1. BASIC FILING FEE</b>																																			
<table border="1"><thead><tr><th>Large Entity</th><th>Small Entity</th><th>Fee Description</th><th>Fee Paid</th></tr><tr><th>Fee Code</th><th>Fee Code</th><th></th><th></th></tr></thead><tbody><tr><td>1001 790</td><td>2001 395</td><td>Utility filing fee</td><td>790.00</td></tr><tr><td>1002 350</td><td>2002 175</td><td>Design filing fee</td><td></td></tr><tr><td>1003 550</td><td>2003 275</td><td>Plant filing fee</td><td></td></tr><tr><td>1004 790</td><td>2004 395</td><td>Reissue filing fee</td><td></td></tr><tr><td>1005 160</td><td>2005 80</td><td>Provisional filing fee</td><td></td></tr><tr><td colspan="2"><b>SUBTOTAL (1)</b></td><td></td><td>790.00</td></tr></tbody></table>		Large Entity	Small Entity	Fee Description	Fee Paid	Fee Code	Fee Code			1001 790	2001 395	Utility filing fee	790.00	1002 350	2002 175	Design filing fee		1003 550	2003 275	Plant filing fee		1004 790	2004 395	Reissue filing fee		1005 160	2005 80	Provisional filing fee		<b>SUBTOTAL (1)</b>			790.00		
Large Entity	Small Entity	Fee Description	Fee Paid																																
Fee Code	Fee Code																																		
1001 790	2001 395	Utility filing fee	790.00																																
1002 350	2002 175	Design filing fee																																	
1003 550	2003 275	Plant filing fee																																	
1004 790	2004 395	Reissue filing fee																																	
1005 160	2005 80	Provisional filing fee																																	
<b>SUBTOTAL (1)</b>			790.00																																
<b>2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE</b>																																			
<table border="1"><thead><tr><th>Total Claims</th><th>Extra Claims</th><th>Fee from below</th><th>Fee Paid</th></tr></thead><tbody><tr><td>31 - 20 =</td><td>11</td><td>18</td><td>198.00</td></tr><tr><td>Independent Claims 1 - 3 =</td><td>0</td><td>0</td><td>0.00</td></tr><tr><td>Multiple Dependent</td><td></td><td></td><td>0.00</td></tr></tbody></table>		Total Claims	Extra Claims	Fee from below	Fee Paid	31 - 20 =	11	18	198.00	Independent Claims 1 - 3 =	0	0	0.00	Multiple Dependent			0.00																		
Total Claims	Extra Claims	Fee from below	Fee Paid																																
31 - 20 =	11	18	198.00																																
Independent Claims 1 - 3 =	0	0	0.00																																
Multiple Dependent			0.00																																
<table border="1"><thead><tr><th>Large Entity</th><th>Small Entity</th><th>Fee Description</th><th>Fee Paid</th></tr><tr><th>Fee Code</th><th>Fee Code</th><th></th><th></th></tr></thead><tbody><tr><td>1202 18</td><td>2202 9</td><td>Claims in excess of 20</td><td></td></tr><tr><td>1201 88</td><td>2201 44</td><td>Independent claims in excess of 3</td><td></td></tr><tr><td>1203 300</td><td>2203 150</td><td>Multiple dependent claim, if not paid</td><td></td></tr><tr><td>1204 86</td><td>2204 43</td><td>** Reissue independent claims over original patent</td><td></td></tr><tr><td>1205 18</td><td>2205 9</td><td>** Reissue claims in excess of 20 and over original patent</td><td></td></tr><tr><td colspan="2"><b>SUBTOTAL (2)</b></td><td></td><td>198.00</td></tr></tbody></table>		Large Entity	Small Entity	Fee Description	Fee Paid	Fee Code	Fee Code			1202 18	2202 9	Claims in excess of 20		1201 88	2201 44	Independent claims in excess of 3		1203 300	2203 150	Multiple dependent claim, if not paid		1204 86	2204 43	** Reissue independent claims over original patent		1205 18	2205 9	** Reissue claims in excess of 20 and over original patent		<b>SUBTOTAL (2)</b>			198.00		
Large Entity	Small Entity	Fee Description	Fee Paid																																
Fee Code	Fee Code																																		
1202 18	2202 9	Claims in excess of 20																																	
1201 88	2201 44	Independent claims in excess of 3																																	
1203 300	2203 150	Multiple dependent claim, if not paid																																	
1204 86	2204 43	** Reissue independent claims over original patent																																	
1205 18	2205 9	** Reissue claims in excess of 20 and over original patent																																	
<b>SUBTOTAL (2)</b>			198.00																																
**or number previously paid, if greater; For Reissues, see above																																			
		<b>Other fee (specify)</b>																																	
		*Reduced by Basic Filing Fee Paid																																	
		<b>SUBTOTAL (3)</b> (\$)																																	
		130.00																																	
<b>SUBMITTED BY</b> (Complete if applicable)																																			
Name (Print/Type) Jonathan Beckman		Registration No. (Attorney/Agent) 45,640	Telephone (703) 760-7769																																
Signature		Date	October 6, 2004																																



## UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE  
 United States Patent and Trademark Office  
 Address: COMMISSIONER FOR PATENTS  
 P.O. Box 1450  
 Alexandria, Virginia 22313-1450  
 www.uspto.gov

APPLICATION NUMBER	FILING OR 371 (c) DATE	FIRST NAMED APPLICANT	ATTORNEY DOCKET NUMBER
10/812,395	03/30/2004	Jens Egerer	54382-20048.00

25227  
 MORRISON & FOERSTER LLP  
 1650 TYSONS BOULEVARD  
 SUITE 300  
 MCLEAN, VA 22102



CONFIRMATION NO. 1743

## FORMALITIES LETTER



\*OC000000013776828\*

Date Mailed: 09/10/2004

## NOTICE OF INCOMPLETE REPLY (NONPROVISIONAL)

## Filing Date Granted

The U.S. Patent and Trademark Office has received your reply on 08/09/2004 to the Notice to File Missing Parts (Notice) mailed 06/10/2004 and it has been entered into the nonprovisional application. The reply, however, does not include the following items required in the Notice.

The period of reply remains as set forth in the Notice. You may, however, obtain EXTENSIONS OF TIME under the provisions of 37 CFR 1.136 (a) accompanied by the appropriate fee (37 CFR 1.17(a)).

A complete reply must be timely filed to prevent ABANDONMENT of the above-identified application. Replies should be mailed to: Mail Stop Missing Parts, Commissioner for Patents, P.O. Box 1450, Alexandria VA 22313-1450.

- The statutory basic filing fee is missing.  
*Applicant must submit \$ 770 to complete the basic filing fee for a non-small entity. If appropriate, applicant may make a written assertion of entitlement to small entity status and pay the small entity filing fee (37 CFR 1.27).*
- Late filing fee or oath or declaration surcharge as set forth in 37 CFR 1.16(e) of \$130 was not received.

The applicant needs to satisfy supplemental fees problems indicated below.

The required item(s) identified below must be timely submitted to avoid abandonment:

- Additional claim fees of \$198 as a non-small entity, including any required multiple dependent claim fee, are required. Applicant must submit the additional claim fees or cancel the additional claims for which fees are due.

**SUMMARY OF FEES DUE:**

Total additional fee(s) required for this application is \$1098 for a Large Entity

- \$770 Statutory basic filing fee.
- \$130 Late oath or declaration Surcharge.
- Total additional claim fee(s) for this application is \$198

10/07/2004 JBALIAN 0000143 031952 10812395

01 FC:1001 790.00 DA  
 02 FC:1202 198.00 DA  
 03 FC:1051 130.00 DA

- \$198 for 11 total claims over 20.

Replies should be mailed to: Mail Stop Missing Parts  
Commissioner for Patents  
P.O. Box 1450  
Alexandria VA 22313-1450

---

*A copy of this notice MUST be returned with the reply.*



---

Customer Service Center

Initial Patent Examination Division (703) 308-1202

PART 2 - COPY TO BE RETURNED WITH RESPONSE